



442381

SITE DESCRIPTION/EXECUTIVE SUMMARY

DEC 16 1987

Site Name and Location

Ypsilanti Township Landfill
One S. Huron
Ypsilanti, Michigan 48197

ProgramSupport Section

County: Washtenaw
Michigan Code Number: 82-03S-07E-16BA
DNR District: Jackson
EPA ID Number: MID980991087

SAS Score/Screen No.: 03

This 35-acre landfill, located at the northeast corner of I-94 and Whitaker (Huron), operated during the 1950s and 60s, but was shut down because of public complaints. During operation, a lot of waste was burned on site. It's reported that the smoke emitted from the site was at times so bad that it caused accidents on I-94. The landfill was graded over when the interchange was constructed. Barrells were found on site, however, the contents of the barrels was never specified. Seepage from the landfill to area drainageways is suspected. A county drain runs through the site, with the Huron River located about 1,000' east of the site.

Negotiations are proceeding to sell the site. The new owner will be Verle M. Crawford, residing at 521 Tyler, Ypsilanti. The intended use of the site is a rental storage space. Sue Fejes, the manager of economic development in Ypsilanti, indicated that the storage units may be a compatible use of the site, since it would not require facilities vulnerable to landfill gas intrusion such as basements or utility lines, such as water or sewer. It was recommended that soil borings be carried out on the site to release gases or that the contaminated soil be removed to a licensed facility, etc. In addition to this, further investigation at this site needs to be conducted in order to determine whether or not there exists an environmental contamination problem.

Recommendations for EPA

Sampling needs to be conducted in order to determine the types of wastes on site and whether or not a release to the environment has occurred. Given the high potential for release, along with the suspect liquids seen on site, this site receives a medium priority for inspection.

Pre-HRS Score: To be determined

Projected HRS Score: To be determined

SI Priority: Medium - State lead

Hours Spent: 1.0 + 10.0 + _____ + _____ + _____ = 11Initial & Date: BI 11/30/87 _____

Date of Previous Summary:

Previous Author:

Current Date: 11/9/87

Author: I. Ojong/B. Irish

Site Assessment Unit
Environmental Response Division
Michigan Dept. of Natural Resources

00865 PW



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 1 - SITE INFORMATION AND ASSESSMENT

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
26 MID 980991087

II. SITE NAME AND LOCATION

| | | | | | |
|---|----------------|--|------------------------|-----------------------|--------------------|
| 01 SITE NAME (Legal, common, or descriptive name of site) Ypsilanti Twp Land fill | | 02 STREET, ROUTE NO. OR SPECIFIC LOCATION IDENTIFIER 1 S. Huron | | | |
| 03 CITY Ypsilanti | 04 STATE MI | 05 ZIP CODE 48197 | 06 COUNTY Washtenaw | 07 COUNTY CODE 161 | 08 CONG DIST 15 |
| 09 COORDINATES LATITUDE 42° 13' 45" | | LONGITUDE 83° 37' 00" | | 81-035-07E-16 BA | |
| 10 DIRECTIONS TO SITE (Starting from nearest public road) From Lansing take 96E to 23 South to Ypsilanti about (90 miles) the site is at the NE Corner of I-94/Whittaker Road interchange. | | | | | |

III. RESPONSIBLE PARTIES

| | | | |
|---|----------------|--|---------------------------------------|
| 01 OWNER (if known) Verle m. Crawford | | 02 STREET (Business, mailing, residential) 521 Tyler | |
| 03 CITY Ypsilanti | 04 STATE MI | 05 ZIP CODE 48197 | 06 TELEPHONE NUMBER (313) 482 3224 |
| 07 OPERATOR (if known and different from owner) Ypsilanti Twp Land fill | | 08 STREET (Business, mailing, residential) 1 S. Huron | |
| 09 CITY Ypsilanti | 10 STATE MI | 11 ZIP CODE 48197 | 12 TELEPHONE NUMBER 313 483-1100 |
| 13 TYPE OF OWNERSHIP (Check one) <input type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input checked="" type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER: <input type="checkbox"/> G. UNKNOWN | | | |

| | |
|---|--|
| 14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply) <input type="checkbox"/> A. RCRA 3001 DATE RECEIVED: MONTH DAY YEAR <input type="checkbox"/> B. UNCONTROLLED WASTE SITE (CERCLA 103 d) DATE RECEIVED: MONTH DAY YEAR <input checked="" type="checkbox"/> C. NONE | |
|---|--|

IV. CHARACTERIZATION OF POTENTIAL HAZARD

| | | | |
|--|--|---|--|
| 01 ON SITE INSPECTION <input checked="" type="checkbox"/> YES DATE 07 14 87 <input type="checkbox"/> NO | | BY (Check all that apply) <input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input checked="" type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: <input type="checkbox"/> G. UNKNOWN | |
| CONTRACTOR NAME(S): | | | |
| 02 SITE STATUS (Check one) <input type="checkbox"/> A. ACTIVE <input checked="" type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN | | 03 YEARS OF OPERATION BEGINNING YEAR: ENDING YEAR: <input checked="" type="checkbox"/> UNKNOWN | |

04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED

Documentation of liquid leaking from site

05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION

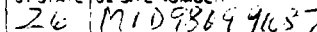
Potential presence of explosive gases and highly flammable substances on the site

V. PRIORITY ASSESSMENT

| | | | |
|--|--|--|--|
| 01 PRIORITY FOR INSPECTION (Check one: 1 high or medium is checked, complete Part 2. Waste information and Part 3. Description of Hazardous Conditions and Incidents) <input type="checkbox"/> A. HIGH (inspection required promptly) <input checked="" type="checkbox"/> B. MEDIUM (inspection required) <input type="checkbox"/> C. LOW (inspect on next available date) <input type="checkbox"/> D. NONE (no further action needed, complete current disposition form) | | | |
|--|--|--|--|

VI. INFORMATION AVAILABLE FROM

| | | | | | |
|---|--|---|------------------------|---------------------------------------|---------------------------|
| 01 CONTACT Barry Johnson P.E. | | 02 OF (Agency/Organization) Public health engineer | | 03 TELEPHONE NUMBER (313) 994-2492 | |
| 04 PERSON RESPONSIBLE FOR ASSESSMENT Brenda Irish / IGNATIUS Ojong | | 05 AGENCY MDNR | 06 ORGANIZATION ERD | 07 TELEPHONE NUMBER (517) 373-4800 | 08 DATE MONTH DAY YEAR |



H HIGHLY VOLATILE
 E EXPLOSIVE
 R REACTIVE
 I INCOMPATIBLE
 M NOT APPLICABLE

EPA FORM 2070-12 (7-81)



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

1. IDENTIFICATION

01 STATE 26 02 SITE NUMBER MD 98047057

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 ☒ A GROUNDWATER CONTAMINATION

02 ☐ OBSERVED (DATE _____)

☒ POTENTIAL ☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED _____

04 NARRATIVE DESCRIPTION

There is a Potential Contamination of ground-water from leachate of waste on the site

01 ☐ B SURFACE WATER CONTAMINATION

02 ☐ OBSERVED (DATE _____)

☐ POTENTIAL ☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED _____

04 NARRATIVE DESCRIPTION

N/A

01 ☒ C CONTAMINATION OF AIR

02 ☒ OBSERVED (DATE 1960's)

☐ POTENTIAL ☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED _____

04 NARRATIVE DESCRIPTION

Air Contamination was documented from burning wastes at the site

01 ☐ D FIRE/EXPLOSIVE CONDITIONS

02 ☒ OBSERVED (DATE 02/26/87)

☐ POTENTIAL ☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED _____

04 NARRATIVE DESCRIPTION

Documented evidence of highly explosive and flammable gases/materials at the site

01 ☐ E DIRECT CONTACT

02 ☐ OBSERVED (DATE _____)

☐ POTENTIAL ☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED _____

04 NARRATIVE DESCRIPTION

N/A

01 ☒ F CONTAMINATION OF SOIL

02 ☒ OBSERVED (DATE 12/28/86)

☐ POTENTIAL ☐ ALLEGED

03 AREA POTENTIALLY AFFECTED _____

04 NARRATIVE DESCRIPTION

Observed seepage of liquids from dump to the area drainage ways.

01 ☒ G DRINKING WATER CONTAMINATION

02 ☐ OBSERVED (DATE _____)

☒ POTENTIAL ☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED _____

04 NARRATIVE DESCRIPTION

Potential Contamination of groundwater and wells around the site.

01 ☐ H WORKER EXPOSURE/INJURY

02 ☐ OBSERVED (DATE _____)

☐ POTENTIAL ☐ ALLEGED

03 WORKERS POTENTIALLY AFFECTED: _____

04 NARRATIVE DESCRIPTION

N/A

01 ☒ I POPULATION EXPOSURE/INJURY

02 ☒ OBSERVED (DATE 1970's)

☐ POTENTIAL ☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED _____

04 NARRATIVE DESCRIPTION

Fire (Smoke) Caused 30 car pileup and accidents on the highway.



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
26 MD980991057

II. HAZARDOUS CONDITIONS AND INCIDENTS (CONTINUED)

01 ☒ J DAMAGE TO FLORA
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE _____)

☒ POTENTIAL

☐ ALLEGED

There is a
Potential damage to Flora around the Site

01 ☐ K DAMAGE TO FAUNA

04 NARRATIVE DESCRIPTION (INCLUDE NUMBER(S) OF SPECIES)

02 ☐ OBSERVED (DATE _____)

☐ POTENTIAL

☐ ALLEGED

N/A

01 ☐ L CONTAMINATION OF FOOD CHAIN

04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE _____)

☐ POTENTIAL

☐ ALLEGED

N/A

01 ☐ M UNSTABLE CONTAINMENT OF WASTES

(Spills/runoff/leaking barrels/leaking drums)

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE _____)

☐ POTENTIAL

☐ ALLEGED

04 NARRATIVE DESCRIPTION

N/A

01 ☒ N DAMAGE TO OFFSITE PROPERTY

04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE _____)

☒ POTENTIAL

☐ ALLEGED

There is a
Potential Contamination of drinking wells
around the Site.

01 ☒ O CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs

04 NARRATIVE DESCRIPTION

02 ☒ OBSERVED (DATE _____)

☒ POTENTIAL

☐ ALLEGED

The Potential for
Seepage of Waste Substances to sewer
and Storm Drainage is Very Probable.

01 ☐ P ILLEGAL UNAUTHORIZED DUMPING

04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE _____)

☐ POTENTIAL

☐ ALLEGED

N/A

35 DESCRIPTION OF ANY OTHER KNOWN ☒ POTENTIAL OR ALLEGED HAZARDS

Miscellaneous Compounds associated with (dump-
Sites) hazardous waste in dump Sites are a potential

III. TOTAL POPULATION POTENTIALLY AFFECTED: _____

IV. COMMENTS

The Content in the Site is not Known but there
is a potential that PCB may be present.

V. SOURCES OF INFORMATION (CITE AGENCY, PERSONNEL, DATE, METHOD, NUMBER OF VISITS, ROUTES)

MDNR Files/call log